

# CUSTOMER SERVICE REPRESENTATIVE SUPPLEMENTAL

NAME: \_\_\_\_\_  
PLEASE PRINT

SOCIAL SECURITY # \_\_\_\_\_

Indicate by circling the degree of experience you have in any of the following, using a scale of 0-5, where 0 = no experience, 1 = 1 year of experience, 2 = 2 years, 3 = 3 years, 4 = 4 years, and 5 = 5+ years of experience.

## Years of Experience

Receptionist/Meeting the public	0 1 2 3 4 5
Answering oral inquiries or complaints	0 1 2 3 4 5
Answering busy telephones/multiple lines	0 1 2 3 4 5
Interpreting and explaining regulations and policies	0 1 2 3 4 5
Assisting people who have difficulty understanding forms or expressing themselves	0 1 2 3 4 5
Cashiering experience handling a large volume of cash	0 1 2 3 4 5
Working in a Call Center environment handling a variety of calls	0 1 2 3 4 5
Experience handling calls under pressure	0 1 2 3 4 5
Working with confidential or sensitive material	0 1 2 3 4 5
Keyboarding complex or statistical material	0 1 2 3 4 5
Keyboarding routine material	0 1 2 3 4 5
Word processing/database computer software programs: Please list programs. _____ _____	0 1 2 3 4 5
Handling routine correspondence	0 1 2 3 4 5
Composing letters and correspondence	0 1 2 3 4 5
Handling multiple tasks	0 1 2 3 4 5
Supervisory experience How many employees?	0 1 2 3 4 5

I hereby certify that all statements made on this questionnaire are true and complete, and I understand that any misstatement or omission of material facts may subject me to disqualification or dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_